NEUROANALYST-CLTM
DOCUMENTATION FORM

CANDIDATE NAME: _____

- ***Fill out the form to log the required 50 cEEG Analyst Reports and have their supervisor sign the bottom of each page.***
- ***<u>The candidate must be the one reviewing the long-term EEG and creating the Analyst Report.</u>***
- ***All recordings and Analyst Reports must be done within the last 5 years (with 10% in the last 12 months) and are only counted after the candidate obtained his/her CLTM credential.***
- ***No more than 20% of recordings and Analyst Reports listed can be normal without patient events.***
- ***All patients must have a birth date of age 1 year or older at the time of the recording.***

CASE #	Date of Recording, Initials, & Age of Patient	Type of Recording ICU/EMU/ AMB	Was the recording Normal or Abnormal?	If abnormal, was it focal or generalized or both?	Did this record contain patient events?	Total Length of Recording (minimum of 12 hours)	Was an Analyst Report created for this patient by the candidate? Y/N

ABRET
Neurodiagnostic Credentialing and Accreditation

I certify that the information provided is true and accurate and I recommend this candidate for the NeuroAnalyst-CLTM Exam.

Submit completed form with your application. Random auditing will be conducted by ABRET. ***All form pages must be signed***

_____
Signature of Supervisor ***Date***

page____of ____

_____
Print Name Clearly ***Phone***